

United States Bankruptcy Court  
Northern District of Texas

**Electronic Case Filing System  
Creditor/Limited Use Filer Registration Form**

This registration form is for a Creditor/Limited User Filer who wishes to file proofs of claim, notice requests, transfers of claims, and/or Loan Modification Program documents on the Court's Electronic Filing System. "**Firm**" is the name of the Creditor entity on whose behalf an employee or agent ("**Filer**") is to be issued a login and password and authorized to file proofs of claim, notice requests, transfers of claims, and/or Loan Modification Program documents.

Firm Name: \_\_\_\_\_

Firm Federal Tax ID#:(**required**) \_\_\_\_\_

The undersigned certifies under penalty of perjury that he or she is properly authorized to submit this Creditor Registration Form on behalf of the **FIRM** identified above. By submitting this registration form, the **FIRM** agrees to adhere to the terms and conditions specified on this form. **This section must be filled out by an officer or manager in the organization, other than the filer. (Required)**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Phone Number: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The undersigned **FILER** (person who processes claim) agrees to adhere to the terms and conditions specified on this form.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Phone Number: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. By signing the registration form, the **FIRM** and the **FILER** indicate (1) their understanding of Federal Rule of Bankruptcy Procedure 9011 and 18 U.S.C. §152 and 357I and (2) their agreement to follow the Court's orders and procedures regarding the electronic filing of documents and associated exhibits.
2. **FILERS** must protect and secure the password issued by the court. No **FILER** registered to use the ECF system shall knowingly permit or cause to permit the password they assigned to be utilized by any other person. If any reason exists to suspect the password has been compromised in any way, it is the duty of the **FILER** to notify the court immediately. If the **FILER** ceases to be an employee of the **FIRM** on whose behalf the **FILER** was authorized to file electronically or ceases for any reason to be authorized to file electronically for that **FIRM**, the **FIRM** will immediately inform the ECF Registrar that the **FILER** is no longer an authorized filer and will cease using the login and password issued to the **FILER**. If any of the information provided by the **FIRM** or **FILER** on this form changes, the **FIRM** or **FILER** will promptly send an amended registration form to the ECF registrar with the then current information.
3. Each time a **FILER** uses the Court's Electronic Filing System to file a document electronically, they are certifying that (1) they are authorized to file the document(s) by the **FIRM** on whose behalf the document is being filed, (2) the **FIRM** is the same entity stated on that **FILERS** application to use the ECF system and (3) the individual whose signature appears on the original document(s) has authorized the filing of that document.
4. The use of the login and password constitutes the signature of **FIRM**. The name of the person filing the document should be typed on the signature line.
5. **FILERS** shall serve any document filed electronically in accordance with the applicable rules.
6. **FILERS** are responsible for adding the correct mailing address to the creditor matrix if the current address is incorrect.

Check here if you are already a certified ECF filer in another Bankruptcy district.

Bankruptcy District/State: \_\_\_\_\_.

**If you are a certified ECF filer in another Bankruptcy district, please include a copy of your completion certificate with the registration form(s). The court must have a copy of your completion certificate to process your application. (i.e. Welcome/Log in screen, email from court assigning login and password, or Electronic Notice of Filing)**

Please check which type of filer you are:

Creditor

Loan Modification Program Filer

**Complete the form and email to:**

ecfhelp@txnb.uscourts.gov

**or mail to:**

United States Bankruptcy Court ECF

Registration

1100 Commerce St., Room 1254 Dallas, TX  
75242

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney/Participant Signature